## NOTICE OF PROPOSED RULE ADOPTION

## STATE OF MISSISSIPPI MS State Department of Health



SECRETARY OF STATE

Effective Date 07/29/2005

MS State Department of Health c/o Daniel R. Bender P.O. Box 1700 Jackson, MS 39215-1700 601-576-7472 daniel.bender@msdh.state.ms.us

Specific Legal Authority authorizing the promulgation of Rule: Section 41-21-201 of Mississippi Code Reference to Rules repealed, amended or suspended by the Proposed Rule: Chapter 38 and 42 of the Rules and Regulations governing the Newborn Screening Program and Birth Defects Registry

## Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

-Verbage changed to reflect MSDF - Increase the number of advisory of	I has right to determine the cost for committe members not to exceed	or infants s 13 membe	screened to evaluate its efficay and cost effectiveness rs
This rule is proposed as a XFinal	Rule, and/or a Temporary Ru	le (Check	one or both boxers as applicable.)
address. Persons making comme	ents should include their name a	and addre	en comments to the agency at the above ess, as well as other contact information, and of the party or parties you represent.
Oral Proceeding:	Check one box below:		
Place: MSDH - Osbourne Alton B. Cobb Auditorium	m		Time: 10:00 a.m.
the above address at least include your name, addre	5 day(s) prior to the proceed	eding to be other contact	ou must make a written request to the agency at eplaced on the agenda. The request should ct information; and if you are an agent or ties you represent.
An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.			
<b>Economic Impact Statement:</b>	Check one box below:		
The agency has determined that an economic impact statement is not required for this rule, or			
X The concise summary	of the economic impact statemen	t required	is attached.
The entire text of the Proposed Ru	le including the text of any rule b	eing amen	ded or changed is attached.
Date Rule Proposed: January 29	2, 2010	Proposed	Effective Date of Rule: July 1, 2010
Har PAR	Mar.		
Signature and Title of Person Submitting Rule for Filing			SOS FORM APA 001 Effective Date 07/29/2005